

LABELER CODE (as assigned by FDA)

LABELER NAME (Corporate name associated with labeler code)

LEGAL CONTACT – Person to contact for legal issues concerning the rebate agreement

NAME OF CONTACT

AREA	PHONE NUMBER	EXTENSION
1	234	567
2	345	678
3	456	789
4	567	890
5	678	901
6	789	012
7	890	123
8	901	234
9	012	345
10	123	456
11	234	567
12	345	678
13	456	789
14	567	890
15	678	901
16	789	012
17	890	123
18	901	234
19	012	345
20	123	456
21	234	567
22	345	678
23	456	789
24	567	890
25	678	901
26	789	012
27	890	123
28	901	234
29	012	345
30	123	456
31	234	567
32	345	678
33	456	789
34	567	890
35	678	901
36	789	012
37	890	123
38	901	234
39	012	345
40	123	456
41	234	567
42	345	678
43	456	789
44	567	890
45	678	901
46	789	012
47	890	123
48	901	234
49	012	345
50	123	456
51	234	567
52	345	678
53	456	789
54	567	890
55	678	901
56	789	012
57	890	123
58	901	234
59	012	345
60	123	456
61	234	567
62	345	678
63	456	789
64	567	890
65	678	901
66	789	012
67	890	123
68	901	234
69	012	345
70	123	456
71	234	567
72	345	678
73	456	789
74	567	890
75	678	901
76	789	012
77	890	123
78	901	234
79	012	345
80	123	456
81	234	567
82	345	678
83	456	789
84	567	890
85	678	901
86	789	012
87	890	123
88	901	234
89	012	345
90	123	456
91	234	567
92	345	678
93	456	789
94	567	890
95	678	901
96	789	012
97	890	123
98	901	234
99	012	345
100	123	456

NAME OF CORPORATION

STREET ADDRESS

CITY	STATE	ZIP CODE
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INVOICE CONTACT – Person responsible for processing invoice utilization data

NAME OF CONTACT

AREA	PHONE NUMBER	EXTENSION
1	234	567
2	345	678
3	456	789
4	567	890
5	678	901
6	789	012
7	890	123
8	901	234
9	012	345
10	123	456
11	234	567
12	345	678
13	456	789
14	567	890
15	678	901
16	789	012
17	890	123
18	901	234
19	012	345
20	123	456
21	234	567
22	345	678
23	456	789
24	567	890
25	678	901
26	789	012
27	890	123
28	901	234
29	012	345
30	123	456
31	234	567
32	345	678
33	456	789
34	567	890
35	678	901
36	789	012
37	890	123
38	901	234
39	012	345
40	123	456
41	234	567
42	345	678
43	456	789
44	567	890
45	678	901
46	789	012
47	890	123
48	901	234
49	012	345
50	123	456
51	234	567
52	345	678
53	456	789
54	567	890
55	678	901
56	789	012
57	890	123
58	901	234
59	012	345
60	123	456
61	234	567
62	345	678
63	456	789
64	567	890
65	678	901
66	789	012
67	890	123
68	901	234
69	012	345
70	123	456
71	234	567
72	345	678
73	456	789
74	567	890
75	678	901
76	789	012
77	890	123
78	901	234
79	012	345
80	123	456
81	234	567
82	345	678
83	456	789
84	567	890
85	678	901
86	789	012
87	890	123
88	901	234
89	012	345
90	123	456
91	234	567
92	345	678
93	456	789
94	567	890
95	678	901
96	789	012
97	890	123
98	901	234
99	012	345
100	123	456

NAME OF CORPORATION

STREET ADDRESS

CITY	STATE	ZIP CODE
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Note: This sheet is to be returned with the signed rebate agreement. If more than one labeler code, attach one sheet for each code.

LABELER CODE (as assigned by FDA)

TECHNICAL CONTACT – Person responsible for sending and receiving data

AREA	PHONE NUMBER	EXTENSION
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STREET ADDRESS

CITY	STATE	ZIP CODE
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OMB No. 0938-0578

**MEDICAID DRUG REBATE AGREEMENT
ENCLOSURE B (PAGE 3 OF 3)
SUPPLEMENTAL DATA SHEET**

LABELER CODE (as assigned by FDA)

LABELER NAME (Corporate name associated with labeler code)

PLEASE INDICATE THE MEDIA PREFERENCE YOU INTEND TO USE FOR TRANSMITTING DATA IDENTIFIED IN APPENDIX A OF THE REBATE AGREEMENT TO THE HEALTH CARE FINANCING ADMINISTRATION. THE INSTRUCTIONS, TECHNICAL SPECIFICATIONS AND MATERIALS APPROPRIATE TO THE OPTION SPECIFIED WILL BE MAILED TO YOU UPON RECEIPT OF YOUR SIGNED AGREEMENT.

☐ **OPTION 1 TELECOMMUNICATIONS**
Transmit data through telecommunications. Record formats are attached. Upon election of this option, HCFA will mail additional instructions, including the "Dial In" number of the HCFA electronic mailbox.

☐ **OPTION 2 3 1/2 HD DISKETTE**
For PC systems supporting MS/DOS 4.0 or higher. Upon election of this option, a preprogrammed diskette will be mailed to you, along with instructions.

CHECK ONLY ONE (1) OF THE FOLLOWING:

- ☐ MS/DOS
- ☐ WINDOWS 3.11
- ☐ WINDOWS 95

☐ **OPTION 3 PAPER**
For manufacturers with five or fewer drug products. The form for submitting data is attached.

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